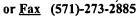
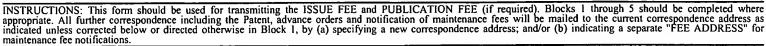
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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indicated unless correct maintenance fee notifica	ed below or directed oth	nerwise in Block I, by (a	a) specifying a new corre	spondence address; and/or			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Thomas A. O'l Bodner & O'Ro 425 Broadhollo	Rourke urke w Road	JAN 2	I he Sta	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above; or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Melville, NY 11	747	\B		Thomas A. C	POURKE	(Depositor's name)	
į		THAT STRAIT	DEMARK	Shell		(Signature)	
•				01/29/2010	<u> </u>	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/787,253	10/787,253 02/26/2004		David D. Ladd	01/26/2010 MBELETE2 00000065 10787253 ¹³¹⁶			
TITLE OF INVENTION	I: FROZEN DESSERT P	01 FC:2501 02 FC:1504		755.09 OP 309.09 OP			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/08/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
BEKKER, KELLY JO		1794	426-548000	.			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up to or agents OR, alternate (2) the name of a sing registered attorney or	of a single firm (having as a member a impey or agent) and the names of up to atent attorneys or agents. If no name is			
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp GNEE orth Trading	TNC.	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT'	natent. If an assignee is it	TRY) NA:Da		
							
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a. Applicant clain	atus (from status indicate ns SMALL ENTITY state	us. See 37 CFR 1.27.		nger claiming SMALL EN			
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